

### BUSINESS DETAILS

business / organization name \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_ fax \_\_\_\_\_

web address \_\_\_\_\_

contact person \_\_\_\_\_

contact person email *(booth confirmation will be sent to this address)* \_\_\_\_\_

product / service exhibiting *(used to classify exhibitors for visitors)* \_\_\_\_\_

website exhibitor description *(50 words or less)* \_\_\_\_\_

### HEALTH SCREENING / INTERACTIVE SERVICE

Health care vendors must provide a free Health Screening or Interactive Service in order to be a part of this Health Fair. Please describe your service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BOOTH PRICING STRUCTURE

	<i>Early*</i>	<i>Regular</i>
<input type="radio"/> Health Fair Booth	\$250	\$300
<input type="radio"/> Additional Booths	\$50 off each additional booth	

\*Form and payment must be received by December 31, 2018 to qualify for Early pricing.

Booth Cost \_\_\_\_\_

Additional Booths / Sponsorship \_\_\_\_\_

**TOTAL** \_\_\_\_\_

### EXHIBITOR BOOTH SELECTION

Health Fair registrations will be reviewed and approved by the Health Fair Committee before acceptance to ensure that a variety of health services and screenings are represented. The criteria for selection includes vendor type, value of the screen or service provided, and number of similar vendors. Chamber Members will receive first consideration. All exhibitors will receive an 8' table and two chairs. Hanging signs are not included with your booth registration. There is limited electricity available to each booth. Booths will be assigned.

### CONTACT INFORMATION

**Make checks out to:** Kenosha Area Chamber of Commerce  
**Fax / email form to:** (262) 654-4655 or [info@kenoshaareachamber.com](mailto:info@kenoshaareachamber.com)  
**Mail payment / form to:** 600 52nd Street, Suite 130, Kenosha, WI 53140

### PAYMENT

If your business is unable to attend the 2019 Kenosha Expo, please cancel by 4:00pm on February 22, 2019. *No refunds will be given if a cancellation is made after this date.*

cardholder name as listed on card \_\_\_\_\_ exp.date \_\_\_\_\_

credit card number \_\_\_\_\_ security code \_\_\_\_\_

cardholder billing address \_\_\_\_\_

cardholder signature \_\_\_\_\_ date \_\_\_\_\_